



Belmont Parks and Recreation Department
30 Twin Pines Lane, Belmont, CA
www.belmont.gov (650) 595-7441

Swimmer Aide Program

Ages 13-17

Located at Carlmont High School Pool

Applications Due Friday, May 10th, 2019 by 5:00pm

Oral interviews will be scheduled between Tuesday 5/21/19 - Wednesday 5/22/19

Program Description

All volunteer hours will count towards Community Service!

Spaces are extremely limited!

A SWIMMER AIDE is interested in:

Working with children
Volunteering time
Learning how to teach swimming

SWIMMER AIDE eligibility:

Possess Intermediate or better swimming skills
Must be able to swim 50 yards non-stop
Has a passion for aquatics

SWIMMER AIDE training includes:

Lifeguard techniques
Stroke demonstrations
Methods of teaching swimming
Techniques of testing and grading



**Selected participants must attend a mandatory training day
on Friday, June 14th, 2019 from xxxxxxxx.**

AM & PM Shifts:

Must volunteer for 2 consecutive weeks minimum. AM Shift from 9:30am-12:00pm PM Shift from 2:30-5:00pm Monday-Friday. The cost is \$50 for two volunteer weeks.

Enhancing the Quality of Life for the Community

SWIMMER AIDE 2019 APPLICATION

BELMONT PARKS AND RECREATION DEPARTMENT
30 TWIN PINES LANE BELMONT, CA 94002 650-595-7441

Applicant Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Age: _____ Grade Level Completed: _____

Applicant's email: _____ Applicant Phone: _____

Cell Phone: () _____ E-mail: _____

Guardian 1 Name: _____ Guardian 1 Phone: _____

Guardian 2 Name: _____ Guardian 2 Phone: _____

Please circle your preferences for volunteer weeks (can be more than one!)

Session 1 June 17-June 28 Shift: AM 9:30am-12:00pm PM 2:30pm-5:00pm Fee: \$50

Session 2 July 1-July 12 Shift: AM 9:30am-12:00pm PM 2:30pm-5:00pm Fee: \$50
(No camp on July 4)

Session 3 July 15-July 26 Shift: AM 9:30am-12:00pm PM 2:30pm-5:00pm Fee: \$50

Signature of Applicant _____ Date: _____

Signature of Parent/Legal Guardian _____ Date: _____

Please mail this form to us directly:
Belmont Parks & Recreation Dept. Attn: Swimmer Aide Program
30 Twin Pines Lane, Belmont, CA 94002

Swimmer Aide Program 2019

Application Packet

Name: _____ Grade: _____ Age: _____ School Attended: _____

Supplemental Questionnaire

Please take a moment to answer the following questions as best as you can. Your answers will help us get to know you. Please type or print your answers neatly.

1.) How did you hear about the Belmont Swimmer Aide program?

2.) Why are you interested in becoming a Swimmer Aide?

3.) Describe your experience working with children (paid or volunteer).

4.) Describe your swimming experience:

Please mail this form to us directly:
Belmont Parks & Recreation Dept. Attn: Swimmer Aide Program
30 Twin Pines Lane, Belmont, CA 94002

Belmont Swimmer Aide Program 2019 Reference Form

Directions to Applicant: Please print your name and the references name legibly before giving form to your reference.

Dear Reference,

This applicant has applied to the Swimmer Aide Program with the City of Belmont Parks & Recreation Department and has chosen you as a reference. The primary purpose of this program is to teach Leadership Skills that will benefit the Aide in his/her home, school, and community. The program is designed to teach Leadership Skills including communication, sound decision-making, and quick decision making. These skills are taught through discussions, teambuilding, and hands-on leadership opportunities. Since the applicant will be working directly with children as part of the training, it is very important that we select highly motivated and capable teens.

Please mail this form to us directly:
This form will be kept confidential.

Belmont Parks & Recreation Dept. Attn: CIT Program
30 Twin Pines Lane, Belmont, CA 94002

Applicant's Name: _____

Reference's Name: _____

How long have you known the applicant? _____ **In what capacity?** _____

What specific reason(s) would you give for selecting this individual into the program?

What are his or her strengths as a positive Leader/Role Model in his or her community?

In what areas does this individual need to mature and grow to be a stronger Leader/Role Model in his or her community?

Do you know any reason why this applicant should not be working with children? _____

Thank you for completing this reference. Please note that incomplete references may affect the applicant's selection. Feel free to provide additional comments on a separate sheet of paper. If you have any questions or concerns, please contact the Recreation Supervisor by phone at 650-595-7439.

Reference Signature: _____

Date: ____/____/____

Reference Phone: (____) ____ - ____ **Reference E-Mail:** _____

Address: _____